Form **8871**

Political Organization Notice of Section 527 Status

Department of the Treasury

OMB No. 1545-1693

Internal Revenue Service			
Part I General Information			
1 Name of organization THOMAS R.L. KINDRED, SR CANI	DIDATE STATE REP, DIST. 78 APPLIED FOR		
2 Mailing address (P.O. Box or number, street, and room or s			
1905 WYOMING AVE	<i>65-1027183</i>		
City or town, state, and ZIP code			
FORT PIERCE, FLORIDA 34982			
3 E-mail address of organization			
4a Name of custodian of records	4b Custodian's address		
	1905 S 25TH STREET, SUITE 202		
DAVID A MAGNITUR ART	FORT PIERCE, FLORIDA 34947		
DAVID S. MCGUIRE, CPA,			
5a Name of contact person	5b Contact person's address		
	1905 WYOMING AVE.		
THOMAS R.L. KINDRED, SR	FORT PIERCE, FLORIDA 34982		
	address shown above). Number, street, and room or suite number		
City or town, state, and ZIP code	W 10		
Part II Purpose			
7 Describe the purpose of the organization	C CD TO TION TO		
TO ELECT THOMAS R.L. KINDREI	SR, TO FLORIDA		
HOHOE OF BURDERSMETERIZED DI	ICERTOR 70		
HOUSE OF REPRESENTITIVES, DI	ISTRICT /6.		
1	1111		
- 10-111			
Part III List of All Related Entities (see instr	ructions)		
8a Name of related entity 8b Relationsh			
	The state of the s		
	RECEIVED		
NONE	/B/ VE/VED		
	/8/ n.		
	/ L HUQ 10 70/		
	OGDE: VOU (S)		
	OGDEN, UT		

Part IV List of All Officers, Directors, and Highly Compensated Employees (see instructions)		
9a Name	9b Title	9c Address
THOMAS R.L. KINDRED SR	.CANDIDATE	1905 S. WYOMING AVE FORT PIERCE, FLORIDA 34982
DAVID MCGUIRE, CPA	TREASURER	1905 S. 25TH STREET, SUITE 202 FORT PIERCE, FLORIDA, 34947
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Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here Signature of authorized official

7/28/00